

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 04/07	NUMBER: A-08.4  Page 1 of 2
	Replaces: 08/97	
	Formulated: 8/87	
	Reviewed: 04/11	

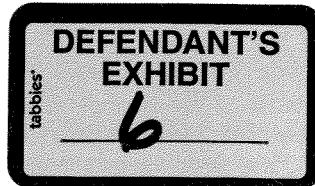
## **OFFENDER MEDICAL AND MENTAL HEALTH CLASSIFICATION**

**PURPOSE:** To provide a standardized system of classifying medical and/or mental health limitations for the offender population incarcerated within the Texas Department of Criminal Justice (TDCJ).

**POLICY:** Offenders incarcerated within TDCJ will be assessed for medical and/or mental impairments by qualified healthcare personnel (see Attachment A) who will assign each offender appropriate restrictions related to (1) housing, (2) physical activities and work, (3) disciplinary process, (4) individual treatment plan, and (5) transportation. Restrictions will be indicated on the Health Summary for Classification (HSM-18).

**PROCESS:**

- I. Each offender will undergo medical and mental health assessments by trained health services personnel during the intake process and appropriate limitations/restrictions will be assigned and entered on the Health Summary for Classification (HSM-18) screen.
- II. The HSM-18 will be reviewed and, if indicated, updated whenever an offender is newly assigned to a facility or returns from an off-site specialty clinic, infirmary, or hospital.
- III. Recognizing that an offender's condition may change and/or opinions may differ among health care professionals, an offender's HSM-18 may be reviewed and revised at the discretion of a physician, dentist, psychiatrist, mid-level provider, or Master's Level or higher Psychologist. HSM-18 review with appropriate updating is *required* whenever there is a *significant* change in the offender's medical or mental status.
- IV. All changes in the Health Summary for Classification will include documentation of the reason(s) or rationale for the change. Changes may be based upon chart review alone but if challenged, an examination of the offender must be conducted. This examination/evaluation will be made at no charge to the offender. Pertinent findings (both positive and negative) to support the examiner's HSM-18 decision(s) will be documented in the medical record.
- V. The final authority as to whether an offender's HSM-18 limitations/restrictions are correct will be the facility Medical Director or psychiatrist (as appropriate) at the offender's current facility of assignment. Higher level intervention (Regional/District/Division Medical Director) will occur only on a case by case basis in unusual or extraordinary situations.
- VI. All limitations/restrictions regarding an offender's housing, work, disciplinary process, transportation, and individual treatment plan requirements will be documented in his/her medical record. Should discrepancies exist between the Health Summary for Classification



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(HSM-18) screen and the medical record, the medical record is the prevailing authority pending clarification from an appropriate healthcare provider.

VII. Medical and psychiatric diagnoses will be assigned appropriate Alert Codes and the Alert Codes entered into the TDCJ data processing system within 5 working days. (Reference: Health Services Data Processing Manual)

Reference: 2008 NCCHC Standard P-A-08, Communication on Patients' Health Needs (essential)  
ACA Standard 4-4396 (Ref 3-4377)  
ACA Standard 4-4399 (Ref 3-4369)